



# **Implementation of the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline: *DoD Battalion Aid Station (BAS)* *Process Re-engineering***

USA MEDCOM



# How do we implement the DoD/VA Post- Deployment Guideline?





# Clinical Practice Guidelines (CPGs) : Implementation



- **The most challenging step in the guideline process**
- **Clinic-system process, not provider, focused**
- **Team-oriented**



# PDH CPG



## Team Member Responsibilities:

***Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management***

- Be a part of your BAS's PDH CPG Implementation Team OR provide feedback and suggestions on your BAS PDH implementation plan.*



# PDH CPG

## **Team Member Responsibilities:** ***Be a Part of Your BAS's PDH CPG Team***

- **Identify gaps between the guideline and your current practice**
- **Once a problem has been identified**
  - Plan your approach to solving the problem
  - Do implement your plan
  - Study your results
  - Act to improve the results or maintain the improvement



# PDH CPG

## Team Member Responsibilities: *Be a Part of Your BAS's PDH CPG Team*

ARROYO CENTER CENTER FOR MILITARY HEALTH POLICY RESEARCH

Putting Practice Guidelines to Work in the Department of Defense Medical System

*A Guide for Action*

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION  
Guideline: Post-Deployment Evaluation and Management

| Identify actions for guideline introduction and education. (I&E) | Designate someone to serve as <b>lead</b> for the action and <b>other staff</b> to be involved. |             | Identify the <b>tools</b> and <b>resources</b> for the action. | Specify the action timeline. |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|------------------------------|
| Action #I&E_                                                     | Lead                                                                                            | Other Staff |                                                                | Start Complete               |
| Action #I&E_                                                     | Lead                                                                                            | Other Staff |                                                                | Start Complete               |
| Action #I&E_                                                     | Lead                                                                                            | Other Staff |                                                                | Start Complete               |
| Action #I&E_                                                     | Lead                                                                                            | Other Staff |                                                                | Start Complete               |

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- Use the AMEDD/RAND Implementing Clinical Practice Guidelines in the Department of Defense and Team Worksheets (both contained in the tool kit binder) to guide your PDH CPG Implementation Team's efforts.



# *Guideline Implementation Checklist*



- **Assessment of Level of Effort: Look at Guideline**
- **Champion Designation**
- **Team Formation**
- **Action Plan Formulation/Implementation**
  - **Healthcare Team Education**
  - **BAS Process Changes**
  - **Patient Self-management Education**
  - **Metrics and Monitoring**
    - Rapid-cycle change
- **Integration into BAS Processes: Institutionalization**
  - **Education: Orientation**
  - **Monitoring: Peer Review, Audit**



# First Visit

## ***PDH Key Elements***

### **1. Identify if health concern prompting today's clinic visit is related to a past deployment:**

- Ask screening question:  
*Deployment related? Yes / No / Maybe.*
- Establish partnership with patient  
(Principles of risk communication).
- Evaluate patient and research exposures.
- Document post-deployment concern in chart and ADS.
- After visit, research exposure/concern; consult **[www.PDHealth.mil](http://www.PDHealth.mil)** Website.



# First / Follow-up Visits

## ***PDH Key Elements***

## **2. Triage patients and seek to reach a working diagnosis on *follow-up visits*.**

- Perform evaluation of history, ancillary tests, assessments, records.
- Identify the type of patient's problem:
  - ***Asymptomatic Concerned***
  - ***Established Diagnosis***
  - ***Medically Unexplained Physical Symptoms***
- Document in chart and ADS.



# First / Follow-Up Visits

## ***PDH Key Elements***

### **3. Manage *asymptomatic patients* with health concerns**

- Provide reassurance & education (risk communication).
- If concern persists, re-evaluate and consider consults.
- Document in chart and ADS.



# First / Follow-Up Visits

## ***PDH Key Elements***

### **4. Manage patients with established diagnoses**

- Treat under relevant disease management guideline.
- Provide patient education.
- Collaborate with DHCC as indicated.
- Follow-up with patient per disease-specific guideline or as appropriate.
- Document diagnosis in chart and ADS.



# Follow-up Visits

## ***PDH Key Elements***

### **5. Manage *patients with unexplained symptoms***

- Re-evaluate; consult with colleagues.
- Reinforce patient-clinician relationship.
- Provide information about unexplained symptoms.
- If acute or progressive symptoms, conduct further studies as appropriate.
- Consider collaboration with the DoD Deployment Health Clinical Center via phone, e-mail.
- Follow-up with patient as indicated.
- Monitor changes in status.
- Document diagnosis in chart and ADS.



What can we do to make the  
VA/DoD Post-Deployment  
Guideline happen in our BAS?





# PDH CPG

## Team Member Responsibilities: *Identify PDH Concerns*

- Ask all patients at every visit the Post-Deployment screening question:  
*Deployment related? Yes / No / Maybe.*
- **To facilitate documentation that it is being done, the PDH question should be on vital signs stamps and automated SF600s and SF600 overprints.**
  - **IF the PDH question is not currently on your SF600 stamp an SF600 vital signs/PDH questions stamp is included in the tool kit.**
  - **or, IF your automated SF600 does not have the PDH question, instructions for integrating the question into your automated SF600 is included in the tool kit.**



# PDH CPG

## Team Member Responsibilities: *Identify PDH Concerns*

- To facilitate asking the PDH question, PDH brochures should be placed in your BAS.
- Brochures are contained in the tool kit.
- Additional brochures may be ordered from the website:

[www.cs.amedd.army.mil/](http://www.cs.amedd.army.mil/)

Omo



*Is the health concern that causes you to seek care today related to a deployment?*

### *Why do we ask you this?*

You will be asked this question each time you come for care, no matter if you are active duty, retired, family member, or veteran. We ask you this so we can find and track these health issues early. That way we can take steps to protect you and others with similar concerns. **Please!** Tell your provider if you think a deployment has affected your health so we can protect you and others. **If no one asks you**, politely remind your provider to ask!

### *What is a deployment?*

Some examples of deployment are:  
Military liaison and training support  
Humanitarian assistance  
Low-intensity conflict  
Combat or war

### *I'm a family member of someone in the military. I don't deploy. Why ask me?*

Even people who do not deploy have health questions about deployment or may be affected by the deployment of a loved one. Don't keep those concerns to yourself! We are here to help you with them.



December 2001



- To facilitate asking the PDH question, a PDH poster should be placed in your BAS.
- Posters are contained in the tool kit.
- Additional posters may be ordered from the website:

**Have you  
or a loved one  
been deployed?**

**Please!  
Tell your provider  
if you think  
a deployment  
has affected  
your health.**



# PDH CPG

## Team Member Responsibilities: *Identify PDH Concerns*

- To facilitate asking the PDH question, PDH wallet cards should be placed in your BAS and provided to units and activities that your MTF/clinic supports.
- Wallet cards are contained in the tool kit.
- Additional wallet cards may ordered from the [www.cs.amedd.army.mil/Qmo](http://www.cs.amedd.army.mil/Qmo) website.



| DoD Deployment Health Card                                                                                                                                                                                      |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <i>Is your condition due to deployment?</i>                                                                                                                                                                     |                                                                                                                               |
| You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran.                                                                    |                                                                                                                               |
| We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.                                                       |                                                                                                                               |
| Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit. |                                                                                                                               |
| <b>Steps to Getting Deployment Related Help</b>                                                                                                                                                                 |                                                                                                                               |
| <b>STEP 1</b>                                                                                                                                                                                                   | Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.        |
| <b>Primary Care</b>                                                                                                                                                                                             |                                                                                                                               |
| <b>STEP 2</b>                                                                                                                                                                                                   | If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance. |
| <b>Referral</b>                                                                                                                                                                                                 |                                                                                                                               |
| <b>STEP 3</b>                                                                                                                                                                                                   | If symptoms persist or your health does not improve, referral to another specialist may be necessary.                         |



# PDH CPG

## Team Member Responsibilities: *Identify PDH Concerns*

- To facilitate asking the PDH screening question, a PDH Health Concern Information card has been developed.
- To assist screening personnel place these cards (available in your tool kit) at all vital signs stations in your BAS

### Deployment Health Concerns Information Card

#### ***How to ask the question: "Is your problem today related to a deployment?"***

Focus only on the chief complaint rather than on whether a person has any deployment-related complaints unrelated to today's visit.

**Deployment is not necessary for a patient to have deployment-related health concerns.**

- For example, a spouse or child may have a concern related to the sponsor's recent deployment. Others may have questions about deployments.
- Ask this question whether the patient is active duty, retired, family member, veteran, deployed or non-deployed.

#### ***How to respond to patient questions.***

**"What do you mean?" or "What do you mean, deployment-related?"** The goal is to record the patient's perception of deployment-relatedness rather than your own.

- To help the patient answer, you might ask if the patient or a loved one has been deployed. If so, is today's visit related to that deployment.
- You may also review an example or two of a deployment-related concern or condition (see below).
- Remember this is not an exhaustive list, but simply a few examples.

**"What is a deployment?"** Avoid reviewing any narrow definitions of deployment for the patient. Instead, offer two or three examples of deployments (see below). Then return to the main question: "Do you feel your health concern today is related to a deployment?"

**"I don't know if it is deployment-related."** Mark the "maybe" response. Consider reviewing an example of a deployment-related concern or condition (see below).

- When in doubt, always focus on the concern rather than the deployment.

#### ***Examples of deployments include:***

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

#### ***Examples within the US include:***

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Drug interdiction

#### ***Examples of concerns or conditions that are deployment-related include:***

- A man twists his ankle on deployment and the injury lasts even after returning home.
- A woman comes to give blood, but wants to know if she can give blood after being deployed.
- Although not deployed, a man is concerned about the effects of a pre-deployment vaccine.
- Spouse complains of a rash after washing clothes worn by member while deployed.
- After eating food while deployed, a man gets food poisoning.
- While deployed, a woman suffers a toxic exposure and later gets sick from it.
- Spouse complains that her child is having nightmares since member returned from combat.



DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline—December 2001  
DoD/VA Websites—<http://www.pdhealth.mil>  
<http://www.cs.amedd.army.mil/gmo>  
<http://www.oig.med.va.gov/cpg/cpg.asp>



# PDH CPG



## **Team Member Responsibilities:** ***Support PDH Concern Diagnosis & Management***

- **Use the PDH Documentation form\*, DoD form 2844, for PDH visit documentation.**
  - **Have patient complete "Patient Section" of 2844.**
  - **Place the DD 2844, in the patients medical record.**
- **DD Form 2844 is contained in the tool kit and downloadable from [www.PDHealth.mil](http://www.PDHealth.mil) and [www.cs.amedd.army.mil/Qmo](http://www.cs.amedd.army.mil/Qmo) websites**

\* Dependent upon specific clinic processes and forms being used





# PDH CPG



## Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*

- To facilitate provider PDH concern management, place the PDH Provider Exam Room Cards in each provider's exam room or office.
- Exam room cards should be placed on the metal rings with other guideline exam cards.
- Exam room cards and metal rings are contained in the tool kit





# PDH CPG

## Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*

- Exam room cards contain consult and risk communication information, as well as guideline key element, and algorithm information.

### DoD Deployment Health Clinical Center CONSULT INFORMATION

Toll Free: 1 (866) 559-1627

Phone: (202) 782-6563

DSN: 662-6563

Fax: (202) 782-3539

Website: [www.PDHealth.mil](http://www.PDHealth.mil)

E-mail: [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)

### ENVITE

#### *Caring for Patients with Post-Deployment Health Concerns*

**Empathy:** Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.

**Non-confrontational:** Subordinate the need to be "right" to the obligation to relieve suffering. Never argue.

**Validate:** Validate the patient's decision to seek care.

**Inform:** Offer data followed by a short "sound bite" that addresses patient specific concerns.

**Take Action:** Describe options. Schedule a follow-up. Refer to [www.PDHealth.mil](http://www.PDHealth.mil). Consider consultation or second opinion.

**Enlist Cooperation:** Negotiate an action plan with the patient rather than imposing one on him or her.



DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline—December 2001  
DoD/VA Websites—<http://www.pdhealth.mil>  
<http://www.cd.amedd.army.mil/qno>  
<http://www.org.med.va.gov/cpg/cpg.asp>



# PDH CPG

## Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*

- To facilitate provider PDH concern diagnosis and management, bookmark the Deployment Health Clinical Center website on computers where available: [www.PDHealth.mil](http://www.PDHealth.mil)

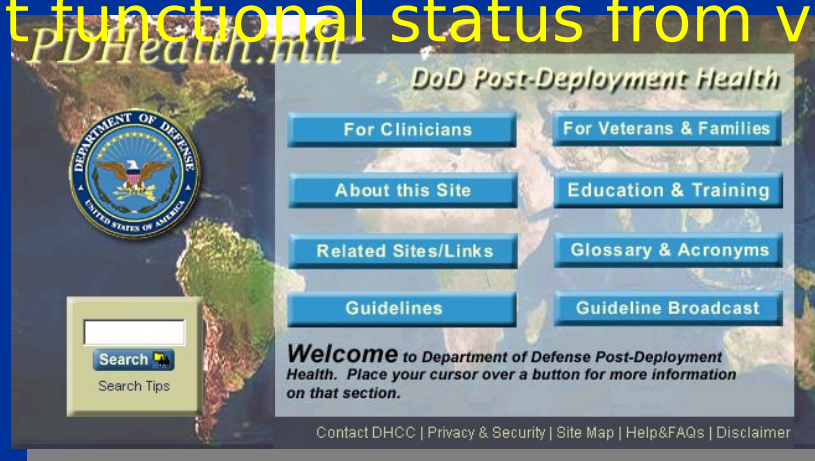




# PDH CPG

## Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*

- The [www.PDHealth.mil](http://www.PDHealth.mil) website also contains other tools which might assist the provider:
  - the Patient Health Questionnaire (PHQ) which can assist in patient diagnosis
  - the SF 36 which can assist monitoring of patient functional status from visit to visit.





# PDH CPG

## Team Member Responsibilities: Support PDH Concern Diagnosis & Management



*As a patient, you have a right and responsibility to be a partner in your care. Good partnerships start with good communication.*

When you need to see your health care provider—

- Make an appointment as soon as possible. Some clinics have a walk-in option for urgent problems.
- State the reasons for your visit and if you need more time than would discuss a problem.
- Say if you expect the doctor to see more than one family member to schedule appointments back to back.

If you think you have MUPS, have been deployed, and require further assistance, please contact the Deployment Health Clinical Center. There is a toll-free number to assist you: (866) 559-1627.

You can also visit the website at:  
<http://www.deploymenthealth.gov>

### Medically Unexplained Physical Symptoms: MUPS

Other information:  
U.S. Service  
<http://www.deploymenthealth.gov>

Amesbury  
Falmouth  
Natick  
Natick  
Natick  
Natick  
Gene  
<http://www.deploymenthealth.gov>

This pamphlet is for those and other information.

It will probably not show that doctors cause for about one symptoms. Most people because they seek it are actually sick (like these are the kind of symptoms).

You may also be sick because they seek it are actually sick (like these are the kind of symptoms).

- Headaches
- Fatigue
- Memory Loss
- Unexpected Weight Changes
- Insomnia
- Joint Pain
- Skin Rash

What is a skin rash?  
A skin rash is a visible change in the color and texture of the skin. The location, appearance, pattern and color of the rash is important. How it begins, and associated symptoms such as itching or fever, will help your health care provider determine the cause and treatment.

### What causes a skin rash?

This is a hard question to answer because there can be many causes of skin rashes. Common causes of rashes include allergic reaction to a number of factors ranging from metals, insects, chemicals, and medications. Rashes from infections such as measles and chickenpox are associated with a fever. Other may result from overexposure to the sun, itching skin, or the skin. The most common type of rash is the red, itchy skin rash. The rash can change in the color and texture of the skin. This is known as a skin rash.

### Call your

- Your



• To facilitate provider education of patients with PDH concerns, ensure ready availability of patient brochures.

• Patient brochures are available from the MEDCOM website:

[www.cs.amedd.army.mil/Qmo](http://www.cs.amedd.army.mil/Qmo)

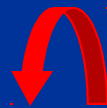


# PDH CPG



## Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*

- Make sure all PDH visits are appropriately "identified" in the BAS log book by adding a "PDH Visit" column and placing a check mark in that column for all patients who have PDH-related visits.



| NAME | RANK | Last 4 | EXT | CO | C/C | DX | TX | DISP | CONSULT | HM | MD | DEPLOY |
|------|------|--------|-----|----|-----|----|----|------|---------|----|----|--------|
|      |      |        |     |    |     |    |    |      |         |    |    |        |
|      |      |        |     |    |     |    |    |      |         |    |    |        |



# PDH CPG

## Process Overview

- **Visit 1 (15 minutes) - Identify PDH concern**
- **Between Visit 1 & Visit 2 - Research concern**
- **Visit 2 (30 minutes) - Diagnosis or not**
- **Visit 3 (30 minutes) - Continue treatment**



# **PDH Visit #1: (15 minutes)**



- **Appointment made for non-deployment reason**
- **Usual screen by technician is done**
  - **The “5th vital sign” is asked:**
  - **“Deployment Yes /No / Maybe?”**
- **Provider begins history of present illness**
- **Provider orders basic screening labs as appropriate**
- **PDH specific coding assigned**



# Between PDH Visit #1 and #2

- **Deployment “Yes”- option to use Post-Deployment Form (DD 2844)**
  - Demographic information on DD2844 filled out by patient: deployment history documented
  - May elect NOT using DD 2844 for asymptomatic concerned patients or patients with diagnosis established during first visit
- **Provider researches deployment on PDHealth.mil web site**
  - Patient’s history reviewed with knowledge of deployment risks & exposures



# **Between PDH Visit #1 and #2 and PRN**



- **Provider consultation with DoD Deployment Health Clinical Center (DHCC)**
  - Telephonic, electronic
  - DHCC provides special expertise while clinician maintains PCM role



# **PDH Visit #2: (30 minutes)**

- **Provider reviews labs, consults, deployment exposure information from web site, etc.**
- **Diagnosis established?**
  - Yes -- Start therapy.
  - No -- Order ancillary studies as appropriate.
- **Provider consults with / refers to colleagues or DHCC**



# PDH Visit #3: 30 Minutes

- **Diagnosis established: Confirm therapy success**
- **Diagnosis not established:**
  - Review additional testing and consultation results
  - Continue with algorithm



How can we tell how  
well our BAS is doing  
in implementing the  
DoD/VA PDH  
Guideline?





# PDH CPG

## Team Member Responsibilities:

***Know how your BAS is doing on the identified PDH CPG Targets***

### **Proposed Post-Deployment Health Evaluation and Management Metrics**

Patient satisfaction with care received for post-deployment concerns.

Adequacy of information and resources for patient management with post-deployment concerns.

Percentage of personnel evaluated after post-deployment health assessment referral. (DD Form-2796)

Improvement in functional status within 6 months of an initial evaluation.



# PDH CPG



## Team Member Responsibilities:

***Know how your clinic is doing on the identified PDH CPG Targets***

- Conduct chart audits to determine if your BAS is "hitting" the PDH CPG targets.
- Check a certain number of charts every month to determine if patient PDH concerns are being assessed and if appropriate management is being performed on patients who screen positive for PDH concerns.

| POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE AUDIT TOOL<br>PD-CPG                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date(s) of Audited Visits: _____                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                            |
| Policy for this clinic regarding use of DD 2488, The Form is:<br><input type="checkbox"/> Optional<br><input type="checkbox"/> Used on every deployment-related visit<br><input type="checkbox"/> Used on every deployment-related visit following the initial visit<br><input type="checkbox"/> Used only for complex deployment-related cases |    |                                                                                                                                                                                                                                                                                                                                            |
| Yes                                                                                                                                                                                                                                                                                                                                             | No | N/A                                                                                                                                                                                                                                                                                                                                        |
| Please check appropriate box for each question based on chart documentation                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                            |
| <b>For all Charts:</b>                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                 |    | PD-CPG stamp, overprint, or preprinted SF 600 was used for PD screening and documentation                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                 |    | Screening question regarding deployment-related health concern was marked                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                 |    | Deployment-related concern was recorded at the time of screening                                                                                                                                                                                                                                                                           |
| <b>For all Charts marked "yes" or "maybe" for deployment-related concern(s):</b>                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                 |    | DD 2488 was inserted into the chart IAW clinic policy                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                 |    | DD 2488 was completed by patient                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                 |    | DD 2488 was completed by provider                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                 |    | Deployment-related concern was addressed by provider                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                 |    | Diagnosis was appropriate for deployment-related visit history<br><input type="checkbox"/> Asymptomatic Concerned<br><input type="checkbox"/> Deployment-related specific symptom or diagnosis<br><input type="checkbox"/> Medically Unexplained Physical Symptoms (MUPS) used after several visits revealed no other definitive diagnosis |
|                                                                                                                                                                                                                                                                                                                                                 |    | Clinical risk communication procedures were noted<br><input type="checkbox"/> Validation of patient's decision to seek care<br><input type="checkbox"/> Patient education/information regarding deployment-related concern                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                 |    | Treatment options and referral sources were discussed                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                 |    | Patient's collaboration and agreement/response with treatment plan was noted                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                 |    | Follow-up appointment was considered and recommended                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                 |    | Deployment-related concern was added to problem list                                                                                                                                                                                                                                                                                       |
| <b>Notes:</b>                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                            |
| Reviewed by: _____ Date of Review: _____                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                            |



# PDH CPG



## Team Member Responsibilities: *Know how your clinic is doing on the identified PDH CPG Targets*

- Appropriate management of patients who screen positive for PDH concerns can be tracked by pulling medical records of patients who have a check-mark in the "PDH-related visit" column in the BAS log book.

| POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE AUDIT TOOL<br>PD-CPG                                                                                                                                                                                                                                                                         |                          |                          |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date(s) of Audited Visits: _____                                                                                                                                                                                                                                                                                                                |                          |                          |                                                                                                                                                                                                                                                                                                                                            |
| Policy for this clinic regarding use of DD 2488, The Form is:<br><input type="checkbox"/> Optional<br><input type="checkbox"/> Used on every deployment-related visit<br><input type="checkbox"/> Used on every deployment-related visit following the initial visit<br><input type="checkbox"/> Used only for complex deployment-related cases |                          |                          |                                                                                                                                                                                                                                                                                                                                            |
| Yes                                                                                                                                                                                                                                                                                                                                             | No                       | N/A                      | Please check appropriate box for each question based on chart documentation                                                                                                                                                                                                                                                                |
| <b>For all Charts:</b>                                                                                                                                                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | PD-CPG stamp, overprint, or preprinted SF600 was used for PD screening and documentation                                                                                                                                                                                                                                                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Screening question regarding deployment-related health concern was marked                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Deployment-related concern was recorded at the time of screening                                                                                                                                                                                                                                                                           |
| <b>For all Charts marked "yes" or "maybe" for deployment-related concern(s):</b>                                                                                                                                                                                                                                                                |                          |                          |                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | DD 2488 was inserted into the chart IAW clinic policy                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | DD 2488 was completed by patient                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | DD 2488 was completed by provider                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Deployment-related concern was addressed by provider                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis was appropriate for deployment-related visit history<br><input type="checkbox"/> Asymptomatic Concerned<br><input type="checkbox"/> Deployment-related specific symptom or diagnosis<br><input type="checkbox"/> Medically Unexplained Physical Symptoms (MUPS) used after several visits revealed no other definitive diagnosis |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Clinical risk communication procedures were noted<br><input type="checkbox"/> Validation of patient's decision to seek care<br><input type="checkbox"/> Patient education/information regarding deployment-related concern                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Treatment options and referral sources were discussed                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Patient's collaboration and agreement/response with treatment plan was noted                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Follow-up appointment was considered and recommended                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Deployment-related concern was added to problem list                                                                                                                                                                                                                                                                                       |
| <b>Notes:</b>                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                                                                                                                                                                                                                                                                                                                            |
| Reviewed by: _____ Date of Review: _____                                                                                                                                                                                                                                                                                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                            |



# The PDH CPG Process In Our BAS:



***Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management***

- **Check-In**
- **Vital Signs**
- **Education**
- **Check-Out**



# **Medic/Corpsman Responsibilities:**

## ***Identify PDH Concerns, Support PDH Concern Diagnosis & Management***

- **Insert your BAS's personnel-specific responsibilities here**



# Provider Responsibilities:



***Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management***

- **Insert your BAS's personnel-specific responsibilities here**



# **NCOIC Responsibilities:**

## ***Identify PDH Concerns, Support PDH Concern Diagnosis & Management***

- **Insert your BAS's personnel-specific responsibilities here**



# Where Do I Obtain and Reorder PDH Tools and Materials?

- **Deployment Health Clinical Center website:**
  - <http://www.PDHealth.mil>
- **AMEDD web site**
  - <http://www.cs.amedd.army.mil/qmo>
  - **Links to VA, AF, Navy POC's for tool kit reordering**
- **VA web site for guideline information**
  - <http://www.oqp.med.va.gov/cpg>



# CPG Implementation Issues

- **CPG-related duties sometimes seen as additional duties with no additional time and not enough training:**
  - **Asking screening questions**
  - **Documenting laboratory and respiratory data on forms**
  - **Placing forms into chart for providers**
  - **Providing educational materials to patient**



# CPG Implementation Issues

- **Printing of educational booklets with no budget to support**
  - **Can order for free from [www.cs.amedd.army.mil/qmo](http://www.cs.amedd.army.mil/qmo) website**
- **Dealing with patient reaction to asking screening questions**



**“Make the BEST way  
the EASIEST way  
through  
TEAM EFFORT”**



# QUESTIONS?

